

Montana Medicaid - Fee Schedule Children's Chiropractic (EPSDT)

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-3 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee. Laboratory services paid at 60% of listed fee

By Report (BR): Equals 55% of billed charges

Anes Value: Number of anesthesia base value units

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

Fees The facility rate applies to inpatient and outpatient hospital, emergency room, and ambulatory surgery center sites of service. All other sites of service receive the office rate. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code description

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

Space: Global concept does not apply to this code

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

Indicators

Mult - Multiple surgery guidelines do apply

Bilat - Bilateral. The procedure can be done bilaterally

Assist - Assistant. An assistant is allowed for this procedure

Co-Surg - Co-Surgery. A cosurgeon is allowed for this procedure

Team - A team of surgeons is allowed for this procedure

Related - The procedure code listed is separately billable

Y - indicator is applicable to this code

Space - this indicator does not apply to this code

Montana Medicaid - Fee Schedule Children's Chiropractic (EPSDT)

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators			Team	Related
					Office	Facility					Assist	CoSurg			
72010		RAD EXAM SPINE ENTIRE SURVEY STUDY ANTERO	7/1/2001	RBRVS	\$62.87	\$62.87									
72010	TC	RAD EXAM SPINE ENTIRE SURVEY STUDY ANTERO	7/1/2001	RBRVS	\$36.88	\$36.88									
72010	26	RAD EXAM SPINE ENTIRE SURVEY STUDY ANTERO	7/1/2001	RBRVS	\$25.75	\$25.75									
72040		RAD EXAM SPINE CERVICAL; TWO OR THREE VIEW	7/1/2000	RBRVS	\$29.10	\$29.10									
72040	TC	RAD EXAM SPINE CERVICAL; TWO OR THREE VIEW	7/1/2000	RBRVS	\$19.02	\$19.02									
72040	26	RAD EXAM SPINE CERVICAL; TWO OR THREE VIEW	7/1/2000	RBRVS	\$10.07	\$10.07									
72070		RADIOLOGIC EXAMINATION SPINE; THORACIC TWO	7/1/2001	RBRVS	\$30.29	\$30.29									
72070	TC	RADIOLOGIC EXAMINATION SPINE; THORACIC TWO	7/1/2001	RBRVS	\$20.22	\$20.22									
72070	26	RADIOLOGIC EXAMINATION SPINE; THORACIC TWO	7/1/2000	RBRVS	\$10.07	\$10.07									
72100		RADIOLOGIC EXAMINATION SPINE LUMBOSACRAL;	7/1/2001	RBRVS	\$31.14	\$31.14									
72100	TC	RADIOLOGIC EXAMINATION SPINE LUMBOSACRAL;	7/1/2001	RBRVS	\$20.83	\$20.83									
72100	26	RADIOLOGIC EXAMINATION SPINE LUMBOSACRAL;	7/1/2001	RBRVS	\$10.35	\$10.35									
98940		CHIROPRACTIC MANIPULATIVE TX; SPINAL ONE TO	7/1/2001	RBRVS	\$22.95	\$19.06	000								
98941		CHIROPRACTIC MANIPULATIVE TX; SPINAL THREE T	7/1/2001	RBRVS	\$30.91	\$27.01	000								
98942		CHIROPRACTIC MANIPULATIVE TX; SPINAL FIVE RE	7/1/2001	RBRVS	\$39.78	\$35.89	000								
98943		CHIROPRACTIC MANPULATIVE TX; EXTRASPINAL ON	7/1/2001	RBRVS	\$23.70	\$19.23									
99201		OFFICE/OP VISIT FOR E/M NEW PATIENT - REQUIRES	7/1/2001	RBRVS	\$28.89	\$20.22									
99202		OFFICE/OP VISIT FOR E/M NEW PATIENT - REQUIRES	7/1/2001	RBRVS	\$50.47	\$39.10									
99203		OFFICE/OP VISIT FOR E/M NEW PATIENT - REQUIRES	7/1/2001	RBRVS	\$61.13	\$48.36									
99204		OFFICE/OP VISIT FOR E/M NEW PATIENT - REQUIRES	7/1/2001	RBRVS	\$84.60	\$68.03									
99205		OFFICE/OP VISIT FOR E/M NEW PATIENT - REQUIRES	7/1/2001	RBRVS	\$116.69	\$97.62									
99211		OFFICE OR OTH OP E/M VISIT EST PT PHYS PRESEN	7/1/2001	RBRVS	\$15.95	\$7.85									
99212		OFFICE/OP VISIT FOR E/M EST PATIENT - REQUIRES	7/1/2001	RBRVS	\$29.20	\$20.22									
99213		OFFICE/OP VISIT FOR E/M EST PATIENT - REQUIRES	7/1/2001	RBRVS	\$33.69	\$24.11									
99214		OFFICE/OP VISIT FOR E/M EST PATIENT - REQUIRES	7/1/2001	RBRVS	\$52.06	\$38.73									
99215		OFFICE/OP VISIT FOR E/M EST PATIENT - REQUIRES	7/1/2001	RBRVS	\$77.56	\$62.29									